

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kane
City Kansas

Registration District No. 399
Primary Registration District No. 1002
(No. Gen Hosp # 2)

File No. 1198
Registered No. 835
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1619 Park St. 11 Ward 6
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Reel Addison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 29, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>38</u>	<u>2</u>	<u>12</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work not employed
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kane Tex. 2
(STATE OR COUNTRY)

10. NAME OF FATHER Cleveland Muckens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tex
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Cherry Bryant
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tex
(STATE OR COUNTRY)

14. INFORMANT Receiving Clerk
(Address) General Hosp. #2

15. Jan 21 1932 M. M. Crowe
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11, 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1931, to Jan. 11, 1932
that I last saw him alive on Jan. 11, 1932, and that death occurred, on the date stated above, at 6:45 H. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous Peritonitis
25 (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Typhemia
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan. 4/1932

3 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) D. M. Miller M. D.
1/12, 1932 (Address) General Hospital #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ludo Mo DATE OF BURIAL 1-21 1932

20. UNDERTAKER H. H. Moore ADDRESS 1820 E.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

